

**DHS Graduate Medical Education
New Program Grant
RFA #G-0293-OPIB-14
Questions and Answers
UPDATED FOLLOWING BIDDERS' CONFERENCE CALL – February 17, 2014**

Question 1: We are not sure whether we meet the criteria for eligible applicants. What should we do?

Answer: The answers in this document should help clarify who is eligible to apply. If there is still uncertainty, DHS encourages interested organizations to submit an application.

Note: *The answers to questions 2 – 7 have been combined.*

Question 2: There are no hospitals or health care facilities with sufficient patient load for our specialty in an R1 – R3 community. Are we eligible to apply?

Question 3: We believe that we can meet the requirement of at least one 8-week rotation per residency year in a R1 – R3 rural area. However, our current funding commitments are from partners in communities above the R3 designation. Are we eligible to apply?

Question 4: Is a sponsoring institution, medical school or academic partner eligible to apply?

Question 5: Can a hospital or health care facility located in a community with a population of more than 50,000 apply as the primary applicant?

Question 6: There are two regional hospitals / health care facilities that are interested in applying and are working with the same sponsoring institution. Can both apply?

Question 7: Our consortium consists of several hospitals and health care facilities, including two that are located within communities larger than R3, but which serve rural populations from the surrounding R1 – R3 communities. Are we eligible to apply?

Answer: The legislation states that funding is available for rural hospitals or groups of rural hospitals. Section 1899, 146.63 of Act 20 defines a “rural hospital” as any hospital that is not located in a 1st class city. Milwaukee is the only designated 1st class city in Wisconsin. The legislation gives DHS authority to determine guidelines for distributing the funds. For purposes of the ‘New Program’ grant, the DHS Secretary has established priority for funding for hospitals located in communities of less than 50,000 or hospitals in somewhat larger communities that serve a substantial number of patients from the surrounding smaller communities.

Primary applicant – The primary applicant should be a rural hospital, a group of rural hospitals or a consortium of health care facilities serving a substantial population from communities of less than 50,000. DHS recognizes that for at least two of the targeted specialties, the array of hospitals that have sufficient patient load to meet ACGME requirements are mostly likely located in areas with populations over 50,000. In these instances, hospitals located in larger communities may be the primary applicant. The applicant will need to explain the lack of

appropriate training sites in smaller communities as well as the extent to which they serve individuals from the surrounding rural areas.

Sponsoring institutions, medical schools and academic partners – These organizations are not eligible to serve as the primary applicant. Sponsoring institutions, medical schools and academic partners may serve as the fiscal agent and may be a partner in a consortium or group of rural hospitals. A sponsoring institution, medical school or academic partner may support more than one primary applicant. In this instance, the primary applicants must be or seek to be separate GME programs with unique accreditation numbers.

Consortiums and groups of hospitals – Consortiums and groups of hospitals may include health care organizations from communities with populations of less than 50,000 as well as those in communities with populations over 50,000. They may also include sponsoring institutions, medical schools and academic partners.

UPDATED RESPONSE (02/17): Multiple applications – If a program is hosted by two or more organizations during the training experience, e.g., 1-2 RTT, all parties seeking funds must do so through one single application. Program partners would be encouraged to apply as a consortium or via the primary rural hospital, which could apply on behalf of all partners.

Note: All applicants must fully address and describe how they will meet the requirements stipulated in RFA Items 6.2 and 10.2.3 B (rural focus) as well as how they will meet all other grant requirements.

Question 8: What happens if partners or members of a proposed consortium leave or change over the course of the grant period?

Answer: DHS recognizes that establishing a new or restructuring an existing GME program may involve many partners and that circumstances may change over time. DHS also acknowledges that “the best laid plans . . . oft go astray.” Any and all changes must be documented in the quarterly status reports which will be closely monitored by DHS.

Question 9: Please clarify how an existing accredited program considering restructuring can qualify for these ‘New Program’ funds?

Answer: An existing accredited program will need to partner with a rural hospital, group of rural hospitals, consortium, health system or other health care facility serving a substantial rural population and significantly increase the amount of rural clinical experiences required. The applicant would be the rural partner organization, either applying independently or on behalf of a group; the existing program may be the fiscal agent and a member of the group. Priority for funding will be given to programs that also expand the number of resident positions.

Question 10: Can grant funds be used for initial operating funds or to cover up-front costs, e.g., 3-6 months of resident salary, faculty and administration?

Answer: The DHS New GME Program grant funds cannot be used for initial or on-going operating expenses. No grant funds may be used following the beginning of the new / expanded resident class (e.g., July 1 of the first program year).

UPDATED RESPONSE (02/17): The DHS New GME Program grant funds may be used to support programs beyond the start date of the initial PGY1 resident(s). The narrative must clearly articulate the total number of residents anticipated at full maturity, and the number of residents anticipated per year until that time (RFA Item 10.2.2). The budget justification must state the total grant request as well as provide a line-item budget for each year of the grant. Requested amounts per year should be proportionate to the number of resident slots not yet filled. Funding requests to support programs in the transition between implementation and operation must include at least one year of work prior to residents beginning. The budget and budget justification must include information about the program development and implementation activities.

Grant funds shall not be used for any direct resident expenses, e.g., salary, fringe, malpractice insurance, housing, travel, etc. Direct resident expenses cannot be counted toward or included as part of the required match.

The DHS New GME Program grant funds shall not supplant or replace existing funds supporting the proposed targeted specialty program from other sources, including local, state or federal funds.

Question 11: Is there a maximum amount allowed per year? For example, if we only need two years of funding, what would the cap be?

Answer: There is no maximum amount per year. All proposed costs in the budget must be reasonable and include only allowable expenses. All proposed budget items must be justified in the budget narrative.

Question 12: How (and by whom) will the benchmarks be determined?

Answer: The applicant must include measurable benchmarks / objectives in the application. The specific measures which must be met prior to the release of additional funds will be negotiated as a part of the contract with DHS.

Question 13: Please clarify what can be included in the match. Can the match be met entirely through in-kind contributions?

Answer: Yes, the 50% match may be met via in-kind contributions. RFA Item 3.2 describes what can and cannot be included as matching funds.

- Any expenditure (excluding capital improvements) made to support the program between July 1 and December 31, 2013 made by any source with the exception of funding from other state or federal grants. These funds cannot be considered as a portion of the match.
- Expenditures for capital improvements required to meet accreditation requirements are limited to no more than 50% of the match (or 25% of the total request). For example, the total grant request is \$500,000 over two years. The required match is \$250,000. The hospital will spend \$150,000 building one new exam room and remodeling a space for residents' offices. Only \$125,000 of this capital expenditure can be considered as matching funds.

- The match should align with the annual budget request. For example,

Year 1 – DHS: \$200,000	Match: \$100,000
Year 2 – DHS: \$350,000	Match: \$175,000
Year 3 – DHS: \$100,000	Match: \$ 50,000
- The applicant may, however, elect to distribute the match over the course of the grant period. A portion of the match must be made each year of the grant. For example,

Year 1 – DHS: \$150,000	Match: \$150,000
Year 2 – DHS: \$300,000	Match: \$200,000
Year 3 – DHS: \$300,000	Match: \$ 25,000
- Applicants that elect to an uneven distribution of the match and fail to receive funding for year 2 or year 3 will be required to meet the match requirement for the amount received to date.

Question 14: Is there a standard format for the narrative? Could DHS share a copy of a prior application for guidance?

Answer: There is no standard format for the narrative, other than the requirements stated in RFA Item 9.1. The narrative must address the requirements stated in RFA Items 10.2.1 through 10.2.6. To aid review by the Rating Panel, applicants may want to put major topic headings in bold and may want to underline sub-topics, e.g., the components specified for the business plan. The budget should be in an excel spreadsheet or similar format. The work plan may be an excel spread sheet, a table or similar format.